

Healthcare Financing Division Wyoming Medicaid 122 West 25th Street, 4 West Cheyenne, WY 82002 (307) 777-7531 • 866-571-0944



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Michael A. Ceballos

Director

Mark Gordon

Governor

Client Name:
Date:
Client Mailing Address:

Based on the information you provided, you are temporarily eligible for the Medicaid Presumptive Eligibility program.

About your Presumptive Eligibility for Pregnant Women benefits:

- You are temporarily eligible for outpatient Medicaid covered services only.
 - This coverage will not pay for the delivery of your baby.

If you have not previously been on Medicaid, you will receive a Medicaid card within 2 weeks. Take this card with you (or show this letter to providers before receiving your card) when you go to the doctor, hospital, or pharmacy. To order another card call: 1-800-251-1269.

Coverage Period will end:

- If you complete a full Medicaid application, your Presumptive Eligibility coverage will end the date a determination is made on your application.
 - Example: PE application submitted 10/15, full Medicaid application submitted 10/30 and approved 11/05. PE will end 11/05.
 - If your full application is approved, you will be transitioned to a full Medicaid group.
- If you do not complete and submit a full Medicaid application, your coverage will end
 the last day of the month following the month in which your PE determination was
 made.
 - Example: PE application submitted on 10/12, no full Medicaid application submitted, PE eligibility ends 11/30.

Note to Providers:

- Please call one of the following numbers to verify eligibility after the eligibility date above: 307-772-8403 or 1-800-251-1270. The eligibility will not appear in the payment system for up to two business days after the date of this letter.
- During the time period that the eligibility determination for PE has been made and the information being uploaded into the payment system the approval notice will serve as proof for temporary eligibility

You can apply for regular Medicaid by:

- Completing a paper application, available online at: https://health.wyo.gov/healthcarefin/apply/
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd. Suite 125, Cheyenne, WY 82001),
 - Fax (1-855-329-5205), or
 - Email (wesapplications@wyo.gov).
- Applying online at: https://www.wesystem.wyo.gov
- Applying over the phone by calling 1-855-294-2127

Qualified Provider	
Qualified Provider Phone Number	
We will keep your information secure and private	

Questions? Call 1-855-294-2127 (TTY/TDD: 1-855-329-5204). You can call Monday to Friday 7 a.m. to 6 p.m. The call is free. Or go to www.wesystem.wyo.gov.